



03500.012892.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	:	
)	Examiner: T. Nguyen
KEISUKE ARAKI, ET AL.	:	
)	Group Art Unit: 2872
Appln. No.: 10/763,201	:	
)	
Filed: January 26, 2004	:	
)	
For: OPTICAL ELEMENT AND OPTICAL	:	
APPARATUS)	February 10, 2004

Mail Stop Non-fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND PRELIMINARY AMENDMENT

Sir:

Introductory Comments

Prior to examination on the merits, please amend the above-identified application
as follows:



In re Application of;

KEISUKE ARAKI, ET AL.

Appln. No.: 10/763,201

Filed: January 26, 2004

For: OPTICAL ELEMENT AND OPTICAL APPARATUS

Docket No. 03500.012892.1

Examiner: T. Nguyen

Group Art Unit: 2872

February 10, 2004

Mail Stop Non-fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Second Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	4	MINUS	4	= 0	x \$42 \$86	\$0.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the Extension fee for response within _____ months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Daniel S. Glueck
Registration No. 37,838

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